Revision:	HCFA-PM-94-1 FEBRUARY 1994	(MB)		•
	State/Territory:		I	ndiana
Citation				
	4.22	Thir	d Par	ty Liability
42 CFR 433	.137	(a)	The	Medicaid agency meets all requirements of:
1902(a)(25 Act. of the Act)(H) and (I)		(1) (2) (3) (4)	42 CFR 433.138 and 433.139. 42 CFR 433.145 through 433.148. 42 CFR 433.151 through 433.154. Sections 1902(a)(25)(H) and (I) of the
42 CFR 433	.138(f)	(b)	ATTA	CHMENT 4.22-A
			(1)	Specifies the frequency with which the data exchanges required in \$433.138(d)(1), (d)(3) and (d)(4) and the diagnosis and trauma code edits required in \$433.138(e) are conducted;
42 CFR 433 and (2)(ii	.138(g)(1)(ii))		(2)	Describes the methods the agency uses for meeting the followup requirements contained in \$433.138(g)(1)(i) and (g)(2)(i);
42 CFR 433 and (iii)	.138(g)(3)(i)		(3)	Describes the methods the agency uses for following up on information obtained through the State motor vehicle accident report file data exchange required under \$433.138(d)(4)(ii) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources; and
42 CFR 433. through (ii	.138(g)(4)(i)		(4)	Describes the methods the agency uses for following up on paid claims identified under \$433.138(e) (methods include a procedure for periodically identifying those trauma codes that yield the highest third party collections and giving priority to following up on those codes) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources.

TN No. Q5_012		. / /	 	
TN No. <u>95-012</u> Supersedes	Approval Date	7/12/95	Effective Date	5.8.05
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Revision:	HCFA-PM-94-1 FEBRUARY 1994	(MB)	•
	State/Territory:		Indiana
Citation			
42 CFR 433 (ii)(A)	.139(b)(3) <u>X</u>	(c)	Providers are required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency.
		(d)	ATTACHMENT 4.22-B specifies the following:
42 CFR 433	.139(b)(3)(ii)(C)		(1) The method used in determining a provider's compliance with the third party billing requirements at \$433.139(b)(3)(ii)(C).
42 CFR 433	.139(f)(2)		(2) The threshold amount or other guideline used in determining whether to seek recovery of reimbursement from a liable third party, or the process by which the agency determines that seeking recovery or reimbursement would not be cost effective
42 CFR 433	.139(f)(3)		(3) The dollar amount or time period the State uses to accumulate billings from a particular liable third party in making the decision to seek recovery of reimbursement.
42 CFR 447	.20	(e)	The Medicaid agency ensures that the provider furnishing a service for which a third party is liable follows the restrictions specified in 42 CFR 447.20.
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TN No. OF	012		
Supersedes	Approval	Date	7/12/95 Effective Date 5-8-95

Revision:	HCFA-PM-94-1 FEBRUARY 1994	(MB)	•
	State/Territor	ту:	Indiana
Citation	4.	.22 (con	tinued)
42 CFR 433.	.151(a)	(f)	The Medicaid agency has written cooperative agreements for the enforcement of rights to and collection of third party benefits assigned to the State as a condition of eligibility for medical assistance with the following: (Check as appropriate.)
			χ State title IV-D agency. The requirements of 42 CFR 433.152(b) are met.
			_χ Other appropriate State agency(s) State Police, Worker's Compensation Division of Employment and Training
			Other appropriate agency(s) of another State
			Courts and law enforcement officials.
1902(a)(60)	of the Act	(g)	The Medicaid agency assures that the State has in effect the laws relating to medical child support under section 1908 of the Act.
1906 of the	Act	(h)	The Medicaid agency specifies the guidelines used in determining the cost effectiveness of an employer-based group health plan by selecting one of the following.
			The Secretary's method as provided in the State Medicaid Manual, Section 3910.
			The State provides methods for determining cost effectiveness on ATTACHMENT 4.22-C.
TN No. 95-01 Supersedes TN No. 92-	Approva	l Date	7/12/25 Effective Date 5-8-95